



To be completed by the Candidate

Title

Surname

Forename

Address

Postcode

Nationality

Email

Date of Birth

Course No.

ADR Exp Date

Candidate Number (if applicable)

I certify that the above information is correct.

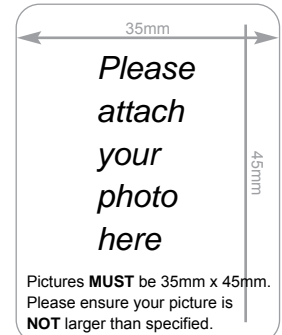
Signed

Date

Use dd/mm/yyyy format

SQA collects information about you on behalf of the Department for Transport in order to provide Dangerous Goods Driver qualifications.

We may share this information with the Driver and Vehicle Standards Agency (DVSA) as part of the Department for Transport (DfT). More detail about how SQA uses your information can be found in our Privacy Statement <https://www.sqa.org.uk/sqa/45397.html>



SQA will use your email address to give you updates regarding your ADR Driver Training Certificate.

Please sign your name above in **BLACK INK**, keeping within the corner markers. Please **DO NOT** sign outside this area.

To be completed by the Training Provider

SQA Training Provider Number

Candidate Examination Type (Put an X in the relevant box)

I certify that the above candidate has successfully completed the following exercises and assessments:

- * Core written emergency incident/accident exercise, emergency first aid assessment and fire fighting assessment.
- * Class 1/Class 7 loading and emergency exercise (delete as applicable).

I certify that I have seen photographic evidence of the candidate's identity.

Signed

Print Name

Position

Date

**Training Providers should retain this form for their own records.
Do NOT send this form to SQA.**